**Accessibility Services Center**

**Exam Request Form**

The Accessibility Services Center (ASC) provides alternative exam arrangements for students who have documented disabilities. It is the student’s responsibility to have this form completed and returned to our office (**lower level of Monocacy Hall**) at least ***ONE WEEK*** prior to the exam date and ***TWO WEEKS*** prior to mid-term and final exams.

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| **TO BE COMPLETED BY THE STUDENT** |
| **Student Name**: |  |  | **Today’s Date**: |  |
| **Student Phone**: |  |  | **Student Email**: |  |

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| **Accommodations Needed**: Check all that apply to you. |
| [ ]  Distraction-Reduced Environment | [ ]  Use of a Spell Checker |
| [ ]  Scribe (writer) | [ ]  Word Processor |
| [ ]  Reader: audio recorder or Kurzweil | [ ]  Large Print (16-point font or larger) |
| [ ]  Use of a Calculator | [ ]  Extended Time  |
| [ ]  Assistive Technology/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professor’s Name**: |  |  | **Course Name & No.**: |  |

**List all tests and quiz dates here**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exam Time**: \_\_\_\_\_\_\_\_\_\_\_\_

**Do you plan to take your final exam in the Accessibility Services Center?** [ ]  Yes [ ]  No

**Final Exam Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to comply with all Accessibility Services Center policies and procedures and the College’s academic integrity standards.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TO BE COMPLETED BY THE PROFESSOR** |

How much time does the class have to complete **Quizzes**: \_\_\_\_\_\_\_\_\_ **Tests**: \_\_\_\_\_\_\_\_\_\_\_\_ **Final**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_?

|  |  |  |
| --- | --- | --- |
| **Uncompleted exam(s) will be**: | **Completed exam(s) will be**: | **Students May Use the Following**: |
| [ ]  Hand delivered to the ASC. | [ ]  Picked up at the ASC. | [ ]  Textbook[ ]  Notes | [ ]  Scratch Paper[ ]  Dictionary |
| [ ]  Sent via email to ASC@moravian.edu.  | [ ]  Scanned and emailed to me and original sent through campus mail. | [ ]  Blue Book [ ]  Scantron | [ ]  Standard Calculator[ ]  Graphing Calculator |
| [ ]  Faxed to 610-625-7877. | [ ]  Sent through the internet. | [ ]  Equation Sheet-Student provided | [ ]  Student’s Computer[ ]  ASC’s Computer |
| [ ]  On the internet/computer. |  | [ ]  Equation Sheet-Faculty provided | [ ]  ***May not use any materials during the exam*** |

**Testing Schedule Conflicts**:

Our testing hours are from 8:30 a.m. to 4:30 p.m. Monday-Friday. If the student has another class or exam that conflicts with your preferred test time, we may have to administer your test at an alternate time and/or date. In this event, would you prefer that the student take the test [ ]  **earlier**, [ ]  **later**, or [ ]  **whenever we have space available**?

**Contact Information**:

If the student has a question that requires clarification during the exam, you must be available via phone and/or email.

[ ]  Please contact me by **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Students are not allowed to ask questions during the test.

Professor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_